

SPE RESPONSE FOR CERTIFICATE OF CORRECTION

Paper No.: \_\_\_\_\_

DATE : 02/21/06

TO SPE OF : ART UNIT **2621**

SUBJECT : Request for Certificate of Correction on Patent No.: 09/902593 6961477

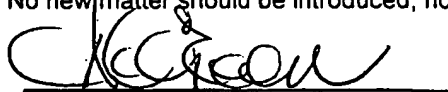
A response is requested with respect to the accompanying request for a certificate of correction.

Please complete this form and return with file, within **7** days to:

Palm location **7580, Certificates of Correction Branch – South Tower – 9A22**

If response is for an IFW, return to employee (named below) via PUBSCofC Team in **MADRAS.**

With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, nor should the scope or meaning of the claims be changed.



Thank You For Your Assistance

Angela Green  
Certificates of Correction Branch  
Tel. No. 703-305-9380 ext. 123

The request for issuing the above-identified correction(s) is hereby:

Note your decision on the appropriate box.

☒ Approved

All changes apply.

☐ Approved in Part

Specify below which changes do not apply.

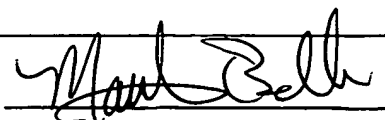
☐ Denied

State the reasons for denial below.

Comments:

The correction are due to the TYPO MISTAKES in PUBLISHING.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SPE

2624

Art Unit



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
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## \*BIBDATASHEET\*

CONFIRMATION NO. 9422

Bib Data Sheet

SERIAL NUMBER 09/902,593	FILING DATE 07/12/2001  RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. 38P.1029
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APPLICANTS  
 Eugenio Martinez-Uriegas, Mountain View, CA;  
 Thomas Schumacher, Cupertino, CA;

\*\* CONTINUING DATA A. A. NONE

\*\* FOREIGN APPLICATIONS A. A. NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 08/28/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
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Verified and Acknowledged A. A. Examiner's Signature A. A. Initials

ADDRESS  
 05514  
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 30 ROCKEFELLER PLAZA  
 NEW YORK, NY  
 10112

TITLE  
 Image-based selection of gamut mapping

FILING FEE  RECEIVED 3054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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